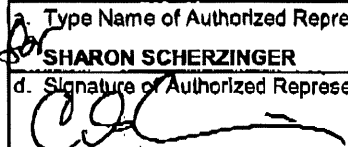


# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 1-15, 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

|   |                  |   |                                       |
|---|------------------|---|---------------------------------------|
| 1. TYPE OF SUBMISSION:  |                  | 2. DATE SUBMITTED   | Applicant Identifier                  |
| Application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction  |                  | April 14, 2006  | FY 2006 SP&R Special Studies          |
| Preapplication<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction  |                  | 3. DATE RECEIVED BY STATE   | State Applicant Identifier            |
|   |                  | 4. DATE RECEIVED BY FEDERAL AGENCY  | 94-6001344-C                          |
| 5. APPLICANT INFORMATION  |                  |   |                                       |
| Legal Name:   |                  | Organizational Unit:  |                                       |
| California Department of Transportation   |                  | Division of Transportation Planning   |                                       |
| Address (give city, county, State, and zip code):   |                  | Name and telephone number of person to be contacted on matters involving this application (give area code)  |                                       |
| P. O Box 942874, MS - 32  |                  | Sharon Scherzinger, Chief   |                                       |
| Sacramento, CA 94274-0001   |                  | Office of Regional and Interagency Planning   |                                       |
| Sacramento County   |                  | Transportation Planning. (916) 653-3362   |                                       |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN)   |                  | 7. TYPE OF APPLICANT: (enter appropriate letter in box)   |                                       |
| 94-6001347<br>RECEIVED<br>APR 14 2006<br>STATE HEARING HOUSE  |                  | A. State<br>B. County<br>C. Municipal<br>D. Township<br>E. Interstate<br>F. Intermunicipal<br>G. Special District<br>H. Independent School Dist.<br>I. State controlled Institution of Higher Learning<br>J. Private University<br>K. Indian Tribe<br>L. Individual<br>M. Profit Organization<br>N. Other (Specify) _____ |                                       |
| 8. TYPE OF APPLICATION:   |                  | 9. NAME OF FEDERAL AGENCY:  |                                       |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision   |                  | Department of Transportation  |                                       |
| If Revision, enter appropriate letter(s) in box(es):  |                  | Federal Highway Administration, Region IX   |                                       |
| A. Increase Award B. Decrease Award C. Increase Duration<br>D. Decrease Duration Other (specify): _____   |                  |   |                                       |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  |                  | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:   |                                       |
| 20-515<br>TITLE: State Planning and Research Program  |                  | FY 2006/07 FHWA State Planning & Research Funds<br>\$1,059,625.00 In Partnership Planning Grant Program<br>\$5,000,000.00 In CA Regional Blueprint Planning Program   |                                       |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):   |                  |   |                                       |
| State of California   |                  |   |                                       |
| 13. PROPOSED PROJECT:   |                  | 14. CONGRESSIONAL DISTRICTS OF:   |                                       |
| FY 2006 QWP Program   |                  | California Statewide  |                                       |
| Start Date  | Ending Date      | a. Applicant  | b. Project                            |
| July 1, 2006  | June 30, 2007    | Statewide   | Statewide Planning & Research Studies |
| 15. ESTIMATED FUNDING:  |                  | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS   |                                       |
| a. Federal  | \$ 8,059,625 .00 | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  |                                       |
| b. Applicant  | \$ .00           | DATE April 14, 2006   |                                       |
| c. State  | \$ .00           | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372   |                                       |
| d. Local  | \$ 1,514,906 .00 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW   |                                       |
| e. Other  | \$ .00           |   |                                       |
| f. Program Income   | \$ .00           | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  |                                       |
| g. TOTAL  | \$ 7,574,531 .00 | <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No  |                                       |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. |                  |   |                                       |
| a. Type Name of Authorized Representative   |                  | b. Title  | c. Telephone Number                   |
| SHARON SCHERZINGER  |                  | CHIEF, OFFICE OF REGIONAL AND INTERAGENCY PLANNING  | (916) 653-3362                        |
| d. Signature of Authorized Representative   |                  | e. Date Signed  |                                       |
|   |                  | April 14, 2006  |                                       |

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

|   |  |   |  |   |  |                    |  |
|---|--|---|--|---|--|--------------------|--|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction<br>Preapplication<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |  | <b>2. DATE SUBMITTED</b><br>April 14, 2006            |  | Applicant Identifier <b>49 U.S.C.,<br/>CH. 53, Sections 5303 - 5306</b> |  |                    |  |
| <b>3. DATE RECEIVED BY STATE</b>  |  | State Applicant Identifier<br><br><b>94-6001344-C</b> |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>                               |  | Federal Identifier |  |

|   |    |   |     |   |  |  |  |            |    |  |     |              |    |            |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |  |  |  |  |
|---|----|---|-----|---|--|--|--|------------|----|--|-----|--------------|----|------------|-----|----------|----|--|-----|----------|----|-----------|-----|----------|----|--|-----|-------------------|----|--|-----|----------|----|------------|-----|--|--|--|--|
| <b>5. APPLICANT INFORMATION</b><br>Legal Name:<br><b>California Department of Transportation</b><br>Address (give city, county, State, and zip code):<br><b>P. O Box 942874, MS - 32<br/>Sacramento, CA 94274-0001<br/>Sacramento County</b>  |    |   |     | Organizational Unit:<br><b>Division of Transportation Planning</b><br>Name and telephone number of person to be contacted on matters involving this application (give area code) <b>Sharon Scherzinger, Chief<br/>Office of Regional and Interagency Planning<br/>Transportation Planning. (916) 653-3362</b>   |  |  |  |            |    |  |     |              |    |            |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |  |  |  |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>9 4 - 6 0 0 1 3 4 7</b> </div>  |    |   |     | <b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> A. State<br/> <input type="checkbox"/> B. County<br/> <input type="checkbox"/> C. Municipal<br/> <input type="checkbox"/> D. Township<br/> <input type="checkbox"/> E. Interstate<br/> <input type="checkbox"/> F. Intermunicipal<br/> <input type="checkbox"/> G. Special District         </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> H. Independent School Dist.<br/> <input type="checkbox"/> I. State controlled Institution of Higher Learning<br/> <input type="checkbox"/> J. Private University<br/> <input type="checkbox"/> K. Indian Tribe<br/> <input type="checkbox"/> L. Individual<br/> <input type="checkbox"/> M. Profit Organization<br/> <input type="checkbox"/> N. Other (Specify) _____         </div> </div> |  |  |  |            |    |  |     |              |    |            |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |  |  |  |  |
| <b>8. TYPE OF APPLICATION:</b><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Award B. Decrease Award C. Increase Duration<br>D. Decrease Duration Other (specify): _____ |    |   |     | <b>9. NAME OF FEDERAL AGENCY:</b><br><b>Department of Transportation<br/>Federal Transit Administration, Region IX</b>  |  |  |  |            |    |  |     |              |    |            |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |  |  |  |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>2 0 - 5 1 4</b> </div><br>TITLE: <b>Transit Planning and Research</b>   |    |   |     | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br><b>FY 2006 49 U.S.C., Chapter 53, Section 5303<br/>Metropolitan Planning Program - \$12,300,831<br/>FY 2006 49 U.S.C. Chapter 53, Section 5305<br/>State Planning &amp; Research Program - \$2,390,048</b>  |  |  |  |            |    |  |     |              |    |            |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |  |  |  |  |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br><b>State of California</b>  |    |   |     | <b>13. PROPOSED PROJECT:</b><br><b>FY 2006 OWP Program</b>  |  |  |  |            |    |  |     |              |    |            |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |  |  |  |  |
| <b>14. CONGRESSIONAL DISTRICTS OF:</b><br><b>California Statewide</b>   |    |   |     | <b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:50%;"></td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>14,690,877</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>1,903,359</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>16,594,236</td> <td style="text-align: right;">.00</td> </tr> </table>   |  |  |  | a. Federal | \$ |  | .00 | b. Applicant | \$ | 14,690,877 | .00 | c. State | \$ |  | .00 | d. Local | \$ | 1,903,359 | .00 | e. Other | \$ |  | .00 | f. Program Income | \$ |  | .00 | g. TOTAL | \$ | 16,594,236 | .00 | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS</b><br>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE <b>April 14, 2006</b><br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |  |  |  |
| a. Federal  | \$ |   | .00 |   |  |  |  |            |    |  |     |              |    |            |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |  |  |  |  |
| b. Applicant  | \$ | 14,690,877  | .00 |   |  |  |  |            |    |  |     |              |    |            |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |  |  |  |  |
| c. State  | \$ |   | .00 |   |  |  |  |            |    |  |     |              |    |            |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |  |  |  |  |
| d. Local  | \$ | 1,903,359   | .00 |   |  |  |  |            |    |  |     |              |    |            |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |  |  |  |  |
| e. Other  | \$ |   | .00 |   |  |  |  |            |    |  |     |              |    |            |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |  |  |  |  |
| f. Program Income   | \$ |   | .00 |   |  |  |  |            |    |  |     |              |    |            |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |  |  |  |  |
| g. TOTAL  | \$ | 16,594,236  | .00 |   |  |  |  |            |    |  |     |              |    |            |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |  |  |  |  |
| <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No   |    |   |     | <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>  |  |  |  |            |    |  |     |              |    |            |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |  |  |  |  |
| a. Type Name of Authorized Representative<br><b>SHARON SCHERZINGER</b>  |    | b. Title<br><b>CHIEF, OFFICE OF REGIONAL<br/>AND INTERAGENCY PLANNING</b> |     | c. Telephone Number<br><b>(916) 653-3362</b>  |  |  |  |            |    |  |     |              |    |            |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |  |  |  |  |
| d. Signature of Authorized Representative<br>   |    |   |     | e. Date Signed<br><b>April 14, 2006</b>   |  |  |  |            |    |  |     |              |    |            |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |  |  |  |  |

# APPLICATION FOR FEDERAL ASSISTANCE

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>1. TYPE OF SUBMISSION:</b><br><i>Application</i><br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction<br><i>Preapplication</i><br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |  | <b>2. DATE SUBMITTED</b><br>April 14, 2006<br><b>3. DATE RECEIVED BY STATE</b><br><br><b>4. DATE RECEIVED BY FEDERAL AGENCY</b> |  | Applicant Identifier<br><b>FY 2006 PL Overall Work Program</b><br>State Applicant Identifier<br><b>94-6001344-C</b><br>Federal Identifier |  |
|---|--|---|--|---|--|

|  |    |   |     |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
|--|----|---|-----|------------|----|------------|-----|--------------|----|--|-----|----------|----|--|-----|----------|----|-----------|-----|----------|----|--|-----|-------------------|----|--|-----|----------|----|------------|-----|
| <b>5. APPLICANT INFORMATION</b>  |    |   |     |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
| Legal Name:<br><b>California Department of Transportation</b><br>Address (give city, county, State, and zip code):<br><b>P. O Box 942874, MS - 32</b><br><b>Sacramento, CA 94274-0001</b><br><b>Sacramento County</b>  |    | Organizational Unit:<br><b>Division of Transportation Planning</b><br>Name and telephone number of person to be contacted on matters involving this application (give area code) <b>Sharon Scherzinger, Chief</b><br><b>Office of Regional and Interagency Planning</b><br><b>Transportation Planning, (916) 653-3362</b>   |     |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br><div style="border: 1px solid black; padding: 5px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px;">9</div><div style="border: 1px solid black; padding: 2px;">4</div>-<div style="border: 1px solid black; padding: 2px;">6</div><div style="border: 1px solid black; padding: 2px;">0</div><div style="border: 1px solid black; padding: 2px;">0</div><div style="border: 1px solid black; padding: 2px;">1</div><div style="border: 1px solid black; padding: 2px;">3</div><div style="border: 1px solid black; padding: 2px;">4</div><div style="border: 1px solid black; padding: 2px;">7</div> </div> |    | <b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b><br><div style="text-align: right; border: 1px solid black; width: 30px; float: right;">A</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           A. State<br/>           B. County<br/>           C. Municipal<br/>           D. Township<br/>           E. Interstate<br/>           F. Intermunicipal<br/>           G. Special District         </div> <div style="width: 48%;">           H. Independent School Dist.<br/>           I. State controlled Institution of Higher Learning<br/>           J. Private University<br/>           K. Indian Tribe<br/>           L. Individual<br/>           M. Profit Organization<br/>           N. Other (Specify) _____         </div> </div> |     |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
| <b>8. TYPE OF APPLICATION:</b><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Award B. Decrease Award C. Increase Duration<br>D. Decrease Duration Other (specify): _____  |    | <b>9. NAME OF FEDERAL AGENCY:</b><br><b>Department of Transportation</b><br><b>Federal Highway Administration, Region IX</b>  |     |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br><div style="border: 1px solid black; padding: 5px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px;">2</div><div style="border: 1px solid black; padding: 2px;">0</div>-<div style="border: 1px solid black; padding: 2px;">2</div><div style="border: 1px solid black; padding: 2px;">0</div><div style="border: 1px solid black; padding: 2px;">5</div> </div>   |    | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br><b>FY 2006/07 Federal Planning Funds</b><br><b>\$42,775,829.00 in FHWA PL Funds (Estimate)</b><br><b>FHWA Notice N 4510.599 - Revised Apportionment of</b><br><b>FY 2006 Metropolitan Planning Funds</b>  |     |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br><b>State of California</b>   |    | <b>13. PROPOSED PROJECT:</b><br><b>FY 2006 OWP Program</b><br>Start Date: <b>July 1, 2006</b> Ending Date: <b>June 30, 2007</b>   |     |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
| <b>14. CONGRESSIONAL DISTRICTS OF:</b><br><b>California Statewide</b>  |    | <b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:50%; text-align: right;">42,775,829</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>5,542,062</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>48,317,891</td> <td>.00</td> </tr> </table>  |     | a. Federal | \$ | 42,775,829 | .00 | b. Applicant | \$ |  | .00 | c. State | \$ |  | .00 | d. Local | \$ | 5,542,062 | .00 | e. Other | \$ |  | .00 | f. Program Income | \$ |  | .00 | g. TOTAL | \$ | 48,317,891 | .00 |
| a. Federal   | \$ | 42,775,829  | .00 |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
| b. Applicant   | \$ |   | .00 |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
| c. State   | \$ |   | .00 |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
| d. Local   | \$ | 5,542,062   | .00 |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
| e. Other   | \$ |   | .00 |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
| f. Program Income  | \$ |   | .00 |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
| g. TOTAL   | \$ | 48,317,891  | .00 |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
| <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS</b><br>a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE <b>April 14, 2006</b><br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW   |    | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No   |     |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>   |    |   |     |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
| a. Type Name of Authorized Representative<br><b>SHARON SCHERZINGER</b>   |    | b. Title<br><b>CHIEF, OFFICE OF REGIONAL AND INTERAGENCY PLANNING</b>   |     |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |
| c. Signature of Authorized Representative<br>  |    | c. Telephone Number<br><b>(916) 653-3362</b><br>e. Date Signed<br><b>April 14, 2006</b>   |     |            |    |            |     |              |    |  |     |          |    |  |     |          |    |           |     |          |    |  |     |                   |    |  |     |          |    |            |     |

OMB Number: 4040-0004  
Expiration Date: 07/31/2006

## Application for Federal Assistance SF-424

Version 02

## \* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## \* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

## \* If Revision, select appropriate letter(s):

\* Other (Specify)

## \* 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entity Identifier:

## \* 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## 8. APPLICANT INFORMATION:

\* a. Legal Name: PARKS AND RECREATION, CA DEPT OF

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

68-0303603

\* c. Organizational DUNS:

172070807

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## d. Address:

## \* Street1:

301 Caspian Way

## Street2:

## \* City:

Imperial Beach

## County:

San Diego

## \* State:

CA: California

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

91932

## e. Organizational Unit:

## Department Name:

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

Mr.

## \* First Name:

Clay

## Middle Name:

## \* Last Name:

Phillips

## Suffix:

## Title:

Resource Manager

## Organizational Affiliation:

## \* Telephone Number:

619-575-3615

## Fax Number:

619-575-6913

## \* Email:

cphillip@parks.ca.gov

OMB Number: 4040-0004  
Expiration Date: 07/31/2008

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

A: State Government

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

## \* Other (specify):

## \* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

## 11. Catalog of Federal Domestic Assistance Number:

11.420

## CFDA Title:

Coastal Zone Management Estuarine Research Reserves

## \* 12. Funding Opportunity Number:

NOS-OCRM-2006-2000575

## \* Title:

FY06 National Estuarine Research Reserve Operations

## 13. Competition Identification Number:

## Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

Imperial Beach and San Diego, San Diego County, California  
Tijuana, Baja California, Mexico

## \* 15. Descriptive Title of Applicant's Project:

Tijuana River NERR Management and Operations

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004  
Expiration Date: 07/31/2006

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 53

\* b. Program/Project 51, 53

Attach an additional list of Program/Project Congressional Districts if needed

 Add Attachment 

## 17. Proposed Project:

\* a. Start Date: 07/01/2006

\* b. End Date: 12/31/2007

## 18. Estimated Funding (\$):

|                     |            |
|---------------------|------------|
| * a. Federal        | 300,934.00 |
| * b. Applicant      | 0.00       |
| * c. State          | 129,520.00 |
| * d. Local          | 0.00       |
| * e. Other          | 0.00       |
| * f. Program Income | 0.00       |
| * g. TOTAL          | 430,454.00 |

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 04/12/2006
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

|   |  |               |   |
|---|--|---------------|---|
| Prefix:                                   | Mr.                                      | * First Name: | Clay  |
| Middle Name:                              |  |               |   |
| * Last Name:                              | Phillips                                 |               |   |
| Suffix:                                   |  |               |   |
| * Title:                                  | Reserve Manager                          |               |   |
| * Telephone Number:                       | 619-575-3615                             | Fax Number:   | 619-575-6913  |
| * Email:                                  | cphillip@parks.ca.gov                    |               |   |
| * Signature of Authorized Representative: | Completed by Grants.gov upon submission. |               | * Date Signed: Completed by Grants.gov upon submission. |

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

# DRAFT

## PART I - FACE SHEET

### APPLICATION FOR FEDERAL ASSISTANCE

## 1. TYPE OF SUBMISSION:

Non-Construction

## STATE APPLICATION IDENTIFIER:

## GRANT NUMBER:

## 2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

01/20/06

## 3. DATE RECEIVED BY STATE:

## 4. DATE RECEIVED:

01/20/06

## 2b. APPLICATION ID:

06SR058767

## 5. APPLICATION INFORMATION

LEGAL NAME: Assistance League of Southern California

DUNS NUMBER: 140737599

ADDRESS (give street address, city, state and zip code):

8134 Van Nuys Blvd. #200  
Panorama City CA 91402-4818

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Marie Tolbert

TELEPHONE NUMBER: (818) 908-5066

FAX NUMBER: (818) 908-5997

INTERNET E-MAIL ADDRESS: cna@volsa.net

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

951641960

## 8. TYPE OF APPLICATION:

☒ NEW☐ CONTINUATION☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

## 7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Volunteer Management Organization

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## 9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Volunteer Center of Los Angeles RSVP

## 10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

## 10b. TITLE: Retired and Senior Volunteer Program

## 12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

The Cities of Los Angeles, Glendale, Santa Clarita, San Fernando Valley all are located in the County of Los Angeles, State of California.

## 13. PROPOSED PROJECT: START DATE: 04/01/06

END DATE: 03/31/09

## 14. PERFORMANCE PERIOD: START DATE: 04/01/06

END DATE: 03/31/09

## 15. ESTIMATED FUNDING:

a. FEDERAL \$ 208,926.00

b. APPLICANT \$ 91,609.00

c. STATE \$ 0.00

d. LOCAL \$ 24,997.00

e. OTHER \$ 66,612.00

f. PROGRAM INCOME \$ 0.00

g. TOTAL \$ 300,535.00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

☒ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 31-JAN-06

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

## a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Jim B. Lenhy Jr.

## b. TITLE:

Executive Director

## c. TELEPHONE NUMBER:

818-908-5068

## d. DATE:

01/20/06



**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

|   |  |   |  |
|---|--|---|--|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction |  | <b>2. DATE SUBMITTED</b> 4-11-06<br><b>3. DATE RECEIVED BY STATE</b><br><b>4. DATE RECEIVED BY FEDERAL AGENCY</b> | Applicant Identifier<br>State Application Identifier<br>Federal Identifier |
|---|--|---|--|

|   |  |   |
|---|--|---|
| <b>5. APPLICANT INFORMATION</b><br>Legal Name:<br>California Department of Corrections and Rehabilitation<br>Organizational DUNS:<br>102938490<br>Address:<br>Street:<br>1515 S Street, Room 351-North<br>Office of Legislation<br>City:<br>Sacramento<br>County:<br>Sacramento<br>State:<br>California      Zip Code:<br>95814<br>Country:<br>United States of America |  | <b>Organizational Unit:</b><br>Department:<br>California Department of Corrections and Rehabilitation<br>Division:<br>Office of Legislation<br><b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b><br>Prefix: Ms.      First Name: Janine<br>Middle Name: D.<br>Last Name: Smalley<br>Suffix:<br>Email:<br>Janine.Smalley@cdcr.ca.gov<br>Phone Number (give area code): (916) 445-4737<br>Fax Number (give area code): (916) 323-0902 |
|---|--|---|

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|  |  |
|--|--|
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">             68-0283779           </div> | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br>A. State<br>Other (specify) |
|--|--|

|   |  |
|---|--|
| <b>8. TYPE OF APPLICATION:</b><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify) | <b>9. NAME OF FEDERAL AGENCY:</b><br>Department of Justice, Bureau of Justice Assistance |
|---|--|

|  |   |
|--|---|
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">             16-606           </div><br>TITLE (Name of Program): | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>State Criminal Alien Assistance Program (SCAAP)<br>Federal Fiscal Year 2006 |
|--|---|

|   |  |
|---|--|
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>N/A | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant: Statewide      b. Project: Statewide |
|---|--|

|  |  |
|--|--|
| <b>13. PROPOSED PROJECT</b><br>Start Date: N/A      Ending Date: N/A | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE: April 11, 2006<br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |
|--|--|

|  |            |             |             |     |              |    |  |     |          |    |  |     |          |    |  |     |          |    |  |     |                   |    |  |     |          |    |             |     |   |
|--|------------|-------------|-------------|-----|--------------|----|--|-----|----------|----|--|-----|----------|----|--|-----|----------|----|--|-----|-------------------|----|--|-----|----------|----|-------------|-----|---|
| <b>15. ESTIMATED FUNDING:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">101,000,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>101,000,000</td> <td>.00</td> </tr> </table> | a. Federal | \$          | 101,000,000 | .00 | b. Applicant | \$ |  | .00 | c. State | \$ |  | .00 | d. Local | \$ |  | .00 | e. Other | \$ |  | .00 | f. Program Income | \$ |  | .00 | g. TOTAL | \$ | 101,000,000 | .00 | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No |
| a. Federal   | \$         | 101,000,000 | .00         |     |              |    |  |     |          |    |  |     |          |    |  |     |          |    |  |     |                   |    |  |     |          |    |             |     |   |
| b. Applicant   | \$         |             | .00         |     |              |    |  |     |          |    |  |     |          |    |  |     |          |    |  |     |                   |    |  |     |          |    |             |     |   |
| c. State   | \$         |             | .00         |     |              |    |  |     |          |    |  |     |          |    |  |     |          |    |  |     |                   |    |  |     |          |    |             |     |   |
| d. Local   | \$         |             | .00         |     |              |    |  |     |          |    |  |     |          |    |  |     |          |    |  |     |                   |    |  |     |          |    |             |     |   |
| e. Other   | \$         |             | .00         |     |              |    |  |     |          |    |  |     |          |    |  |     |          |    |  |     |                   |    |  |     |          |    |             |     |   |
| f. Program Income  | \$         |             | .00         |     |              |    |  |     |          |    |  |     |          |    |  |     |          |    |  |     |                   |    |  |     |          |    |             |     |   |
| g. TOTAL   | \$         | 101,000,000 | .00         |     |              |    |  |     |          |    |  |     |          |    |  |     |          |    |  |     |                   |    |  |     |          |    |             |     |   |

|  |                    |  |
|--|--------------------|--|
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |                    |  |
| <b>a. Authorized Representative</b>  |                    |  |
| Prefix<br>Mr.  | First Name<br>Dean | Middle Name<br>L.                                      |
| Last Name<br>Borg  |                    | Suffix   |
| b. Title<br>Chief, Office of Legislation   |                    | c. Telephone Number (give area code)<br>(916) 445-4737 |
| d. Signature of Authorized Representative<br><i>Dean Lee Borg</i>  |                    | e. Date Signed<br>4-11-06                              |

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)****1. \* TYPE OF SUBMISSION**

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

**2. DATE SUBMITTED****3. DATE RECEIVED BY STATE****4. Federal Identifier****Applicant Identifier****State Application Identifier****5. APPLICANT INFORMATION**

\* Organizational DUNS: 1698254400000

\* Legal Name: SynDiTec Inc.

Department:

Division:

\* Street1: 10525 Foothill Ave

Street2:

\* City: Gilroy

County:

\* State: CA

\* ZIP Code: 95020

\* Country: USA

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Mr. Harry

Rodriguez

\* Phone Number: 4086230122

Fax Number:

Email: harry@synditec.com

**6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):**

710969838

**7. \* TYPE OF APPLICANT:**

O: Small Business

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged**8. \* TYPE OF APPLICATION:** ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

**9. \* NAME OF FEDERAL AGENCY:**

Chicago Service Center

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

81.049

TITLE: Office of Science Financial Assistance Program

**11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Digital Sliding Mode Control, HB LED driver solution

**12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)**

San Jose, Gilroy, and California

**13. PROPOSED PROJECT:**

\* Start Date

\* Ending Date

10/01/2006

10/01/2008

**14. CONGRESSIONAL DISTRICTS OF:**

a. \* Applicant

b. \* Project

CA-011

US-all

**15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Dr. Anatoly

Shteynberg

PhD

Position/Title: Chief Technical Officer

\* Organization Name: SynDiTec Inc.

Department:

Division:

\* Street1: 10525 Foothill Ave

Street2:

\* City: Gilroy

County:

\* State: CA

\* ZIP Code: 95020

\* Country: USA

\* Phone Number: (408)448-3100

Fax Number: (408)448-4300

\* Email: ashteynberg@sbcglobal.net

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

## 16. ESTIMATED PROJECT FUNDING

a. \* Total Estimated Project Funding 750,000.00

b. \* Total Federal &amp; Non-Federal Funds 750,000.00

c. \* Estimated Program Income 32,250.00

## 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 04/13/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## 19. Authorized Representative

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Mr. Harry Rodriguez  
\* Position/Title: Chief Executive Officer \* Organization: SynDiTec Inc.  
Department: Division:  
\* Street1: 10525 Foothill Ave Street2:  
\* City: Gilroy County: \* State: CA \* ZIP Code: 95020  
\* Country: USA  
\* Phone Number: 4086230122 Fax Number: \* Email: harry@synditec.com

\* Signature of Authorized Representative  
Completed on submission to Grants.gov

\* Date Signed  
Completed on submission to Grants.gov

## 20. Pre-application

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

|  |    |  |  |   |  |
|--|----|--|--|---|--|
| <b>1. TYPE OF SUBMISSION:</b><br>Application   |    | <b>2. DATE SUBMITTED</b>                         |  | <b>Applicant Identifier</b>                                   |  |
| <input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction  |    | <b>3. DATE RECEIVED BY STATE</b>                 |  | <b>State Application Identifier</b>                           |  |
| <input type="checkbox"/> Pre-application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |    | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>        |  | <b>Federal Identifier</b>                                     |  |
| <b>5. APPLICANT INFORMATION</b>  |    |  |  |   |  |
| <b>Legal Name:</b><br>City of Berkeley, California   |    |  | <b>Organizational Unit:</b><br>Department:<br>Housing Department   |   |  |
| <b>Organizational DUNS:</b><br>076529824   |    |  | <b>Division:</b>   |   |  |
| <b>Address:</b><br>Street:<br>2180 Milvia Street   |    |  | <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>  |   |  |
| <b>City:</b><br>Berkeley   |    |  | <b>Prefix:</b><br>Mr.  |   | <b>First Name:</b><br>Roger                          |
| <b>County:</b><br>Alameda  |    |  | <b>Middle Name</b>   |   |  |
| <b>State:</b><br>California  |    |  | <b>Last Name</b><br>Asterino   |   |  |
| <b>Zip Code</b><br>94704   |    |  | <b>Suffix:</b>   |   |  |
| <b>Country:</b><br>USA   |    |  | <b>Email:</b><br>rasterino@ci.berkeley.ca.us   |   |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>94-6000299  |    |  | <b>Phone Number (give area code)</b><br>(510) 981-5405   |   | <b>Fax Number (give area code)</b><br>(510) 981-5450 |
| <b>8. TYPE OF APPLICATION:</b><br><input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify) <input type="checkbox"/> B |    |  | <b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b><br>Municipal<br>Other (specify)  |   |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>TITLE (Name of Program):<br>Community Development Block Grant/Brownfields Economic Develop. Initiative  |    |  | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>The Oxford Plaza and David Brower Center is a \$63,000,000 development that includes four components: low-income rental units; an office and conference facility; retail and surface parking; and an underground parking garage. |   |  |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>City   |    |  | <b>8. NAME OF FEDERAL AGENCY:</b><br>U.S. Department of Housing and Urban Development  |   |  |
| <b>13. PROPOSED PROJECT</b><br>Start Date: 8/01/06<br>Ending Date: 8/01/08   |    |  | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant<br>Ninth Congressional District<br>b. Project<br>Ninth Congressional District   |   |  |
| <b>15. ESTIMATED FUNDING:</b>  |    |  | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  |   |  |
| a. Federal   | \$ | 4,000,000  | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE: April 12, 2006  |   |  |
| b. Applicant   | \$ | 1,767,630  | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372  |   |  |
| c. State   | \$ | 6,491,588  | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  |   |  |
| d. Local   | \$ | 4,044,545  | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>  |   |  |
| e. Other   | \$ | 45,959,384                                       | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No  |   |  |
| f. Program Income  | \$ |  |  |   |  |
| g. TOTAL   | \$ | 82,263,147                                       |  |   |  |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>               |    |  |  |   |  |
| <b>a. Authorized Representative</b>  |    |  |  |   |  |
| <b>Prefix</b><br>Mr.   |    | <b>First Name</b><br>Phil                        |  | <b>Middle Name</b>  |  |
| <b>Last Name</b><br>Kamlarz  |    | <b>Suffix</b>                                    |  | <b>c. Telephone Number (give area code)</b><br>(510) 981-7000 |  |
| <b>b. Title</b><br>City Manager  |    | <b>d. Signature of Authorized Representative</b> |  | <b>e. Date Signed</b><br>April 12, 2006                       |  |

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APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

|  |  |   |  |                                     |  |
|--|--|---|--|-------------------------------------|--|
| <b>1. TYPE OF SUBMISSION:</b><br>Application   |  | <b>2. DATE SUBMITTED</b>                  |  | <b>Applicant Identifier</b>         |  |
| <input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction                                  |  | <b>3. DATE RECEIVED BY STATE</b>          |  | <b>State Application Identifier</b> |  |
| <input type="checkbox"/> Pre-application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b> |  | <b>Federal Identifier</b>           |  |

**5. APPLICANT INFORMATION**

|   |                           |  |                             |
|---|---------------------------|--|-----------------------------|
| <b>Legal Name:</b><br>CITY OF BERKELEY, CALIFORNIA  |                           | <b>Organizational Unit:</b><br>Department:<br>HOUSING DEPARTMENT   |                             |
| <b>Organizational DUNS:</b><br>076529924  |                           | <b>Division:</b>   |                             |
| <b>Address:</b><br>Street:<br>2180 Milvia Street  |                           | <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>  |                             |
| <b>City:</b><br>Berkeley  |                           | <b>Prefix:</b><br>Mr.  | <b>First Name:</b><br>Roger |
| <b>County:</b><br>Alameda   |                           | <b>Middle Name:</b>  |                             |
| <b>State:</b><br>California   | <b>Zip Code:</b><br>94704 | <b>Last Name:</b><br>Asterino  |                             |
| <b>Country:</b><br>Alameda  |                           | <b>Suffix:</b>   |                             |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>94-6000299   |                           | <b>Email:</b><br>rasterino@ci.berkeley.ca.us   |                             |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify) <input type="checkbox"/> <input type="checkbox"/> |                           | <b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b><br>Municipal<br>Other (specify)  |                             |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>14-248   |                           | <b>9. NAME OF FEDERAL AGENCY:</b><br>U.S. Department of Housing and Urban Development  |                             |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>City  |                           | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>The Oxford Plaza and David Brower Center is a \$63,000,000 development that includes four components: low-income rental units; an office and conference facility; retail and surface parking; and an underground parking garage. |                             |
| <b>13. PROPOSED PROJECT</b><br>Start Date: 8/01/06<br>Ending Date: 8/01/08  |                           | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant<br>Ninth Congressional District<br>b. Project<br>Ninth Congressional District   |                             |
| <b>15. ESTIMATED FUNDING:</b>   |                           | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  |                             |
| a. Federal  | \$ 4,000,000.00           | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE: April 10, 2006  |                             |
| b. Applicant  | \$ 1,767,730.00           | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372  |                             |
| c. State  | \$ 6,491,588.00           | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  |                             |
| d. Local  | \$ 4,044,545.00           | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>  |                             |
| e. Other  | \$ 45,959,284.00          | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No  |                             |
| f. Program Income   | \$ .00                    |  |                             |
| g. TOTAL  | \$ 62,263,147.00          |  |                             |

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

|   |                            |  |  |
|---|----------------------------|--|--|
| <b>a. Authorized Representative</b>                           |                            | <b>b. Title</b>                                  |  |
| <b>Prefix:</b><br>Mr.   | <b>First Name:</b><br>Phil | <b>Middle Name:</b>                              |  |
| <b>Last Name:</b><br>Kamlarz                                  |                            | <b>Suffix:</b>                                   |  |
| <b>c. Telephone Number (give area code)</b><br>(510) 981-7000 |                            | <b>d. Signature of Authorized Representative</b> |  |
| <b>e. Date Signed</b><br>April 10, 2006                       |                            |  |  |

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APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03 (DFGs - 10/2005)

|  |  |   |  |                              |  |
|--|--|---|--|------------------------------|--|
| 1. TYPE OF SUBMISSION:<br><input checked="" type="checkbox"/> Application<br><input type="checkbox"/> Pre-application<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |  | 2. DATE SUBMITTED<br><b>April 10, 2006</b>  |  | Applicant Identifier         |  |
|  |  | 3. DATE RECEIVED BY STATE   |  | State Application Identifier |  |
|  |  | 4. DATE RECEIVED BY FEDERAL AGENCY  |  | Federal Identifier           |  |
| 5. APPLICANT INFORMATION   |  | F-120-B   |  |                              |  |
| Legal Name: <b>State of California</b>   |  | Organizational Unit: <b>Fish and Game</b>   |  |                              |  |
| Organizational DUNS: <b>808322358</b>  |  | Department: <b>Fish and Game</b>  |  |                              |  |
| Address: <b>1812 Ninth Street</b>  |  | Division: <b>Grant Mgmt. &amp; Fed. Assist. Branch</b>  |  |                              |  |
| City: <b>Sacramento</b>  |  | Name and telephone number of the person to be contacted on matters involving this application (give area code)  |  |                              |  |
| County: <b>Sacramento</b>  |  | Prefix: <b>First Name: Carolyn</b>  |  |                              |  |
| State: <b>CA</b>   |  | Middle Name:  |  |                              |  |
| Country: <b>US</b>   |  | Last Name: <b>Murata</b>  |  |                              |  |
| Zip Code: <b>95814</b>   |  | Suffix:   |  |                              |  |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>94-1697567</b>   |  | E-mail: <b>cmurata@dfg.ca.gov</b>   |  |                              |  |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New<br><input type="checkbox"/> Continuation<br><input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es):<br>(See back of form for description of letters.)<br>Other (specify)                                    |  | 7. TYPE OF APPLICANT: (See back of form for Application Types)<br>A. State<br>Other (specify)   |  |                              |  |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br><b>15 - 605</b>  |  | 9. NAME OF FEDERAL AGENCY:<br><b>U.S. Department of Interior, Fish and Wildlife Service</b>   |  |                              |  |
| TITLE (Name of Program): <b>Sport Fish Restoration Act</b>   |  | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br><b>Motorboat Access Enhancement Project for Morelli Park Boat Ramp, San Joaquin County.</b>  |  |                              |  |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):<br><b>San Joaquin County</b>   |  | 14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant <b>3</b><br>b. Project <b>11</b>  |  |                              |  |
| 13. PROPOSED PROJECT:<br>Start Date: <b>4/00/2006</b><br>Ending Date: <b>12/31/2006</b>  |  | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?<br>a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE: <b>April 11, 2006</b><br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |  |                              |  |
| 15. ESTIMATED FUNDING:<br>a. Federal \$ <b>766,036.50</b><br>b. Applicant \$<br>c. State \$ <b>255,345.50</b><br>d. Local \$<br>e. Other \$<br>f. Program Income \$  |  | 17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?<br><input type="checkbox"/> Yes. If "Yes" attach an explanation. <input type="checkbox"/> No   |  |                              |  |
| b. TOTAL \$ <b>\$1,021,382.00</b>  |  | 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.   |  |                              |  |
| a. Authorized Representative<br>Prefix <b>Felix</b><br>First Name <b>Artega</b><br>Middle Name<br>Last Name<br>Suffix<br>b. Title <b>Chief, Grant Mgmt. and Fed. Assist. Branch</b><br>c. Telephone Number (give area code) <b>(916) 327-0062</b><br>d. Signature of Authorized Representative<br>e. Date Signed |  |   |  |                              |  |



# Second Program Year Action Plan

**RECEIVED**

APR 10 2006

STATE CLEARING HOUSE

The CPMP Second Annual Action Plan includes the SF 424 and Narrative Responses to Action Plan questions that CDBG, HOME, HOPWA, and ESG grantees must respond to each year in order to be compliant with the Consolidated Planning Regulations. The Executive Summary narratives are optional.

**SF 424**

Complete the fillable fields (blue cells) in the table below. The other items are pre-filled with values from the Grantee Information Worksheet.

|   |   |   |   |
|---|---|---|---|
| Date Submitted 05/15/2006   | Applicant Identifier<br>B-06-UC-06-0502 | <b>Type of Submission</b>   |   |
| Date Received by state  | State Identifier                        | <b>Application</b>  | <b>Pre-application</b>                    |
| Date Received by HUD  | Federal Identifier                      | <input checked="" type="checkbox"/> Construction  | <input type="checkbox"/> Construction     |
|   |   | <input type="checkbox"/> Non Construction   | <input type="checkbox"/> Non Construction |
| <b>Applicant Information</b>  |   |   |   |
| COUNTY OF KERN  |   | CA69029 KERN COUNTY   |   |
| 2700 "M" Street, Suite 250  |   | 063-811-350   |   |
| 0   |   | Organizational Unit   |   |
| Bakersfield   | California                              | Board of Supervisors  |   |
| 93301   | Country U.S.A.                          | Division  |   |
| <b>Employer Identification Number (EIN):</b>  |   | County: Kern County   |   |
| 95-6000925  |   | Program Year Start Date (MM/DD)   |   |
| <b>Applicant Type:</b>  |   | <b>Specify Other Type if necessary:</b>   |   |
| Local Government: County  |   | Specify Other Type  |   |
| <b>Program Funding</b>  |   | <b>U.S. Department of<br/>Housing and Urban Development</b>   |   |
| Catalogue of Federal Domestic Assistance Numbers; Descriptive Title of Applicant Project(s); Areas Affected by Project(s) (cities, Counties, localities etc.); Estimated Funding  |   |   |   |
| <b>Community Development Block Grant</b>  |   | 14.218 Entitlement Grant  |   |
| The development of viable communities, including decent housing, a suitable living environment, and expanding economic opportunities principally for persons of low and moderate income, and other purposes pursuant to Title 1 of the Act. |   | Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, Maricopa, Ridgecrest, Shafter, and Tehachapi. |   |
| \$CDBG Grant Amount - \$5,186,210   | \$Additional HUD Grant(s)<br>Leveraged  | Describe  |   |
| \$Additional Federal Funds Leveraged  |   | \$Additional State Funds Leveraged  |   |
| \$Locally Leveraged Funds   |   | \$Grantee Funds Leveraged   |   |
| \$Anticipated Program Income  |   | Other (Describe)  |   |
| Total Funds Leveraged for CDBG-based Project(s)   |   |   |   |

## COUNTY OF KERN

|   |   |   |
|---|---|---|
| <b>Home Investment Partnerships Program</b>   |   | 14.239 HOME   |
| To provide for decent, safe, sanitary, and affordable housing for low and moderate income families and to expand the long-term supply of affordable housing in Kern County. |   | Unincorporated communities in Kern County and the 6 cooperative agreement cities of Arvin, California City, Maricopa, Ridgecrest, Shafter, and Tehachapi. |
| \$HOME Grant Amount - \$2,111,018   | \$Additional HUD Grant(s) Leveraged - \$0 | Describe  |
| \$Additional Federal Funds Leveraged - \$0  |   | \$Additional State Funds Leveraged - \$0  |
| \$Locally Leveraged Funds - \$0   |   | \$Grantee Funds Leveraged - \$0   |
| \$Anticipated Program Income  |   | Other (Describe)  |
| Total Funds Leveraged for HOME-based Project(s)   |   |   |
| <b>Emergency Shelter Grants Program</b>   |   | 14.231 ESG  |
| The provision of quality emergency shelters, essential social services, and prevention services for the homeless or at risk of becoming homeless.                           |   | Metropolitan Bakersfield and the City of Ridgecrest.  |
| \$ESG Grant Amount - \$231,829  | \$Additional HUD Grant(s) Leveraged - \$0 | Describe  |
| \$Additional Federal Funds Leveraged - \$0  |   | \$Additional State Funds Leveraged - \$0  |
| \$Locally Leveraged Funds   |   | \$Grantee Funds Leveraged - \$0   |
| \$Anticipated Program Income - \$0  |   | Other (Describe) - Locally leveraged funds are the value of hours contributed by volunteers.  |
| Total Funds Leveraged for ESG-based Project(s)  |   |   |
| Person to be contacted regarding this application   |   |   |
| Barry   | K   | Jung  |
| Interim Director  | (661)-862-5050                            | (661) 862-5052 - FAX  |
| barry@co.kern.ca.us   | Grantee Website                           | Other Contact   |
| Signature of Authorized Representative  |   | Date Signed   |



OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE****1. Type of Submission:**

Application                      Preapplication  
       Construction                Construction  
☒ Nonconstruction            Nonconstruction

**2. Date Submitted**

Applicant Identifier

**3. Date Rec'd by State**

State Application Identifier

**4. Date Rec'd by Federal**

Federal Identifier

**5. Applicant Information:****Legal Name and Address:**

(give city, county, state, and zip code)

State Water Resources Control Board  
 1001 I Street, Sacramento County  
 Sacramento, California 95814

**Organizational Unit:**

Division of Financial Assistance

Name and telephone of person to be contacted on matters involving this application (give area code):

David Kim  
 (916) 341-5720

**6. Employer Identification Number (EIN):** 68--0281986**6. D U N S Number:** 808321913**8. Type of Application:**☒ New    ☐ Revision    ☐ Continuation

If Revision, enter appropriate letter(s): \_\_\_\_\_

A. Increase Award                      B. Decrease Award

C. Increase Duration                      D. Decrease Duration

Other (specify) \_\_\_\_\_

**7. Type of Applicant: (enter appropriate letter) \_\_\_A\_\_\_**

A. State                                      H. Independent School District  
 B. County                                      I. State Institute of Higher Learning  
 C. Municipal                                      J. Private University  
 D. Township                                      K. Indian Tribe  
 E. Interstate                                      L. Individual  
 F. Intermunicipal                                      M. Profit Organization  
 G. Special District                                      N. Other (specify)

**9. Name of Federal Agency:**

U. S. Environmental Protection Agency

**10. Catalog of Federal Domestic Assistance Number**

66.458

Title: Capitalization Grants for Clean Water  
 State Revolving Fund

**RECEIVED****12. Area Affected by Project:**

(cities, counties, states, etc.)

California

APR 10 2006

**13. Proposed Project:****STATE CLEARING HOUSE****Start Date**

7/1/2006

**End Date**

6/30/2016

**11. Descriptive Title of Applicant's Project:**

Providing loans and other forms of assistance for the construction of wastewater treatment facilities, the implementation of a nonpoint source management program, and development and implementation of estuary conservation and management plans.

**14. Congressional District of:**

Applicant:

3

Project:

California - All

**15. ESTIMATED FUNDING:**

|                   |              |
|-------------------|--------------|
| a. Federal        | \$46,383,876 |
| b. Applicant      | \$0          |
| c. State          | \$9,276,775  |
| d. Local          | \$0          |
| e. Other          | \$0          |
| f. Program Income | \$0          |
| g. TOTAL          | \$55,660,651 |

**16. Is the application subject to review by the State Executive Order (EO) 12372 process?**

a. YES: ☒ This application/preapplication was made available to the State EO 12372 process for review on:

Date: April 10, 2006

b. NO: ☐ Program is not covered by EO # 12372  
☐ Program has not been selected by the state for review.

**17. Is the applicant delinquent on any Federal debt?**☐ YES, attach explanation                      ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

**a. Typed Name of Authorized Representative**

Celeste Camu

**b. Title:**

Executive Director

**c. Telephone Number**

(916) 341-5615

**d. Signature of Authorized Representative****e. Date Signed:**

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

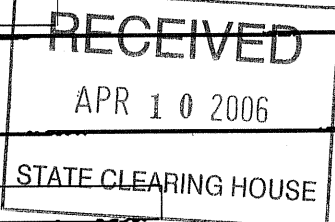
\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:



5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

\* a. Legal Name: San Francisco State University

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

931137247

\* c. Organizational DUNS:

942514985

d. Address:

\* Street1: 1600 Holloway Avenue, ADM 469

Street2:

\* City: San Francisco

County:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 94132

e. Organizational Unit:

Department Name:

Research & Sponsored Programs

Division Name:

SF Bay NERR/COSE

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Dr.

\* First Name: Kenneth

Middle Name:

\* Last Name: Paap

Suffix:

Title: Associated Vice President

Organizational Affiliation:

Research and Sponsored Programs

\* Telephone Number: 415-338-7091

Fax Number: 415-338-0531

\* Email: kenp@sfsu.edu

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

H: Public/State Controlled Institution of Higher Education

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

National Oceanic and Atmospheric Administration

**11. Catalog of Federal Domestic Assistance Number:**

11.420

**CFDA Title:**

Coastal Zone Management Estuarine Research Reserves

**\* 12. Funding Opportunity Number:**

NOS-OCRM-2006-2000575

**\* Title:**

FY06 National Estuarine Research Reserve Operations

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

San Francisco Bay Area, CA

**\* 16. Descriptive Title of Applicant's Project:**

San Francisco National Estuarine Research Reserve Operations

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

|                     |   |
|---------------------|---|
| * a. Federal        | <input type="text" value="545,000.00"/> |
| * b. Applicant      | <input type="text" value="233,573.00"/> |
| * c. State          | <input type="text" value="0.00"/>       |
| * d. Local          | <input type="text" value="0.00"/>       |
| * e. Other          | <input type="text" value="0.00"/>       |
| * f. Program Income | <input type="text" value="0.00"/>       |
| * g. TOTAL          | <input type="text" value="778,573.00"/> |

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

**Version 02**

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

|  |  |                                    |                              |
|--|--|------------------------------------|------------------------------|
| 1. TYPE OF SUBMISSION:<br>Application<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |  | 2. DATE SUBMITTED                  | Applicant Identifier         |
| Pre-application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction                                  |  | 3. DATE RECEIVED BY STATE          | State Application Identifier |
|  |  | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier           |

## 5. APPLICANT INFORMATION

|                                   |                   |   |  |
|-----------------------------------|-------------------|---|--|
| Legal Name:<br>Pixley PUD         |                   | Organizational Unit:<br>Department:   |  |
| Organizational DUNS:<br>102312423 |                   | Division:   |  |
| Address:<br>Street:<br>PO Box 535 |                   | Name and telephone number of person to be contacted on matters involving this application (give area code)<br>Prefix: Mr<br>First Name: William |  |
| City:<br>Pixley                   |                   | Middle Name   |  |
| County:<br>054 Tulare             |                   | Last Name<br>Van Scyoc  |  |
| State:<br>CA                      | Zip Code<br>93256 | Suffix:   |  |
| Country:<br>USA                   |                   | Email:<br>ppud_7@msn.com  |  |

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-1522677

## 8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)

Other (specify)

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program):

10-760

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

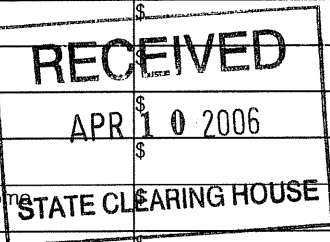
Unincorporated town of Pixley, Tulare County

## 13. PROPOSED PROJECT

Start Date: 9-1-2006 Ending Date: 9-1-2007

## 15. ESTIMATED FUNDING:

|                   |    |           |
|-------------------|----|-----------|
| a. Federal        | \$ | 2,095,000 |
| b. Applicant      | \$ |           |
| c. State          | \$ | 2,000,000 |
| d. Local          | \$ |           |
| e. Other          | \$ |           |
| f. Program Income | \$ |           |
| g. TOTAL          | \$ | 4,095,000 |



18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

## a. Authorized Representative

|   |                       |  |
|---|-----------------------|--|
| Prefix<br>Mr.                             | First Name<br>William | Middle Name  |
| Last Name<br>Van Scyoc                    |                       | Suffix   |
| b. Title<br>President                     |                       | c. Telephone Number (give area code)<br>559/757-3878 |
| d. Signature of Authorized Representative |                       | e. Date Signed                                       |

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Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

|   |  |   |  |                              |   |
|---|--|---|--|------------------------------|---|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |  | <b>2. DATE SUBMITTED</b><br>03/13/06      |  | Applicant Identifier         |   |
|   |  | <b>3. DATE RECEIVED BY STATE</b>          |  | State Application Identifier |   |
|   |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b> |  | Federal Identifier           |   |
| <b>5. APPLICANT INFORMATION</b>   |  |   |  |                              |   |
| Legal Name:<br>Christian Valley Park Community Service District   |  |   | Organizational Unit:<br>Department:<br>Board of Directors  |                              |   |
| Organizational DUNS:<br>007068521   |  |   | Division:  |                              |   |
| Address:<br>Street:<br>3333 Christian Valley Rd   |  |   | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/><br/>         APR 06 2006<br/><br/>         STATE CLEARING HOUSE       </div>   |                              |   |
| City:<br>Auburn   |  |   |  |                              |   |
| County:<br>Placer   |  |   |  |                              |   |
| State:<br>CA  |  |   |  |                              |   |
| Zip Code<br>95602   |  |   | Name and telephone number of person to be contacted on matters involving this application (give area code)<br>Prefix: Mrs First Name: Mary Lou<br>Middle Name<br>Last Name Aube<br>Suffix:   |                              |   |
| Country:<br>United States   |  |   | Email:<br>raube@softcom.net  |                              |   |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>23-7347576   |  |   | Phone Number (give area code)<br>530-878-7952  |                              | Fax Number (give area code)<br>530-889-6282 |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify) |  |   | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br>G-Special District<br>Other (specify)   |                              |   |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>10-760   |  |   | <b>9. NAME OF FEDERAL AGENCY:</b><br>USDA Rural Development  |                              |   |
| TITLE (Name of Program):  |  |   | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>Main Line Water Extension-Gayle Loop   |                              |   |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>UnIncorporated area of Christian Valley Park CSD, Placer County, CA   |  |   | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant 4th b. Project 4th  |                              |   |
| <b>13. PROPOSED PROJECT</b><br>Start Date: 06/06 Ending Date: 09/06   |  |   | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE:<br>b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |                              |   |
| <b>15. ESTIMATED FUNDING:</b>   |  |   | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No   |                              |   |
| a. Federal \$ 1,310,000   |  |   | 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.  |                              |   |
| b. Applicant \$   |  |   | a. Authorized Representative   |                              |   |
| c. State \$   |  |   | Prefix Mrs First Name Mary Lou Middle Name   |                              |   |
| d. Local \$   |  |   | Last Name Aube Suffix  |                              |   |
| e. Other \$   |  |   | b. Title Director c. Telephone Number (give area code) 530-878-7952  |                              |   |
| f. Program Income \$  |  |   | d. Signature of Authorized Representative  |                              |   |
| g. TOTAL \$ 1,310,000   |  |   | e. Date Signed 3/13/06   |                              |   |

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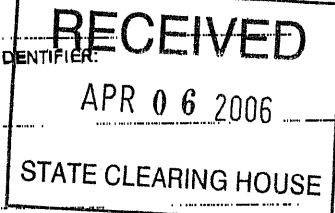
Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

**DRAFT**

4-8-04

**PART I - FACE SHEET****APPLICATION FOR FEDERAL ASSISTANCE****1. TYPE OF SUBMISSION:**

Non-Construction

**STATE APPLICATION IDENTIFIER:**

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

2b. APPLICATION ID:

04SR043353

4. DATE RECEIVED:

**GRANT NUMBER:**

01SRPCA117

**5. APPLICATION INFORMATION****LEGAL NAME:** Riverside County Office on Aging**ADDRESS (give street address, city, state and zip code):**6296 Rivercrest Dr  
Suite K  
Riverside CA 92507**NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):****NAME:** Fran Ferguson**TELEPHONE NUMBER:** 760-341-0401**FAX NUMBER:** 760-340-9585**INTERNET E-MAIL ADDRESS:** ferguson@co.riverside.ca.us**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**

956000930

**8. TYPE OF APPLICATION:**☐ NEW☒ CONTINUATION☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

|  |  |
|--|--|
|  |  |
|--|--|

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

**7. TYPE OF APPLICANT:**

7a. Local Government - County

7b.

**9. NAME OF FEDERAL AGENCY:****Corporation for National and Community Service****10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:** 94.002**10b. TITLE:** Retired and Senior Volunteer Program**12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):**

Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, Rancho Mirage, Thermal

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Coachella Valley RSVP

**13. PROPOSED PROJECT: START DATE:** 07/01/01**END DATE:** 06/30/04**14. PERFORMANCE PERIOD: START DATE:****END DATE:****15. ESTIMATED FUNDING:**

|                   |               |
|-------------------|---------------|
| a. FEDERAL        | \$ 73,828.00  |
| b. APPLICANT      | \$ 96,672.00  |
| c. STATE          | \$ 0.00       |
| d. LOCAL          | \$ 56,986.00  |
| e. OTHER          | \$ 39,686.00  |
| f. PROGRAM INCOME | \$ 0.00       |
| g. TOTAL          | \$ 170,500.00 |

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
☒ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
DATE: 28-APR-03
**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
☐ YES if "Yes," attach an explanation. ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

**a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:**

LuVerne Molberg

**b. TITLE:**

Office on Aging Director

**c. TELEPHONE NUMBER:**

909-697-4697

**d. DATE:**



APPLICATION FOR  
FEDERAL ASSISTANCE

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>1. TYPE OF SUBMISSION:</b><br>Application  |  | <b>2. DATE SUBMITTED</b>                                 |  | <b>Applicant Identifier</b>                       |  |
| <input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction   |  | <b>3. DATE RECEIVED BY STATE</b>                         |  | <b>State Application Identifier</b>               |  |
| <input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction  |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b><br>APR 04 2006 |  | <b>Federal Identifier</b>                         |  |
| <b>5. APPLICANT INFORMATION</b>   |  |  |  |   |  |
| Legal Name:   |  |  | <b>Organizational Unit:</b>  |   |  |
| City of Alturas   |  |  | Department: Fire Department  |   |  |
| Organizational DUNS: 839896342  |  |  | Division:  |   |  |
| <b>Address:</b>   |  |  | <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>  |   |  |
| Street:   |  |  | Prefix: Mr. First Name: Eugene   |   |  |
| 103 South Howard St.  |  |  | Middle Name: Keith   |   |  |
| City: Alturas   |  |  | Last Name: Jacques   |   |  |
| County: Modoc   |  |  | Suffix:  |   |  |
| State: Ca. Zip Code: 95901  |  |  | Email: keithj@citlink.net  |   |  |
| Country: U.S.A.   |  |  | Phone Number (give area code): 530-233-5596  |   |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>94-6000290   |  |  | Fax Number (give area code):   |   |  |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify) <input type="checkbox"/> <input type="checkbox"/> |  |  | <b>7. TYPE OF APPLICANT: (See back of form for Application Types)</b><br>C- municipal<br>Other (specify)   |   |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>10-766   |  |  | <b>9. NAME OF FEDERAL AGENCY:</b><br>United States Department of Agriculture Rural Development California  |   |  |
| TITLE (Name of Program):<br>Communities Facilities Grant Program  |  |  | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>To purchase new Personal Protective Equipment to replace turnout coats, pants, and boots that are fifteen to twenty years old and outfit our volunteers with bunker gear that meets nationally recognized safety standards, OSHA, and NFPA 1911.   |   |  |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>City of Alturas   |  |  | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant 4 b. Project 4  |   |  |
| <b>13. PROPOSED PROJECT</b><br>Start Date: 04/01/06 Ending Date: 12/31/06   |  |  | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE: 04/01/06<br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |   |  |
| <b>15. ESTIMATED FUNDING:</b>   |  |  | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No   |   |  |
| a. Federal \$ 41,250.00   |  |  |  |   |  |
| b. Applicant \$ 13,750.00   |  |  |  |   |  |
| c. State \$ .00   |  |  |  |   |  |
| d. Local \$ .00   |  |  |  |   |  |
| e. Other \$ .00   |  |  |  |   |  |
| f. Program Income \$ .00  |  |  |  |   |  |
| g. TOTAL \$ 55,000.00   |  |  |  |   |  |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>                                      |  |  |  |   |  |
| <b>a. Authorized Representative</b>   |  |  |  |   |  |
| Prefix Mr.  |  | First Name Eugene  |  | Middle Name Keith                                 |  |
| Last Name Jacques   |  |  |  | Suffix  |  |
| b. Title Fire Chief   |  |  |  | c. Telephone Number (give area code) 530-233-5596 |  |
| d. Signature of Authorized Representative   |  |  |  | e. Date Signed                                    |  |

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

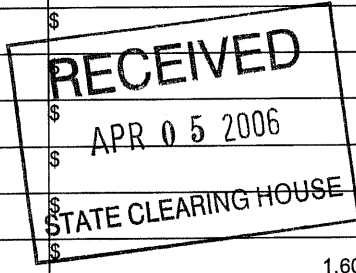
|  |  |   |                                     |  |
|--|--|---|-------------------------------------|--|
| <b>1. TYPE OF SUBMISSION:</b><br>Application   |  | <b>2. DATE SUBMITTED</b><br>4/5/06  | <b>Applicant Identifier</b>         |  |
| <input checked="" type="checkbox"/> Construction   | <input type="checkbox"/> Pre-application | <b>3. DATE RECEIVED BY STATE</b>  | <b>State Application Identifier</b> |  |
| <input type="checkbox"/> Non-Construction  | <input type="checkbox"/> Construction    | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>   | <b>Federal Identifier</b>           |  |
| <b>5. APPLICANT INFORMATION</b>  |  |   |                                     |  |
| <b>Legal Name:</b><br>Arbuckle Volunteer Fire Department   |  | <b>Organizational Unit:</b><br>Department: Arbuckle Fire Department   |                                     |  |
| <b>Organizational DUNS:</b><br>093584720   |  | <b>Division:</b>  |                                     |  |
| <b>Address:</b><br>Street: 506 Lucas Street<br>P. O. Box 727<br>City: Arbuckle<br>County: Colusa<br>State: CA<br>Country: USA  |  | <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b><br>Prefix: First Name: Vrada<br>Middle Name: Charlette<br>Last Name: Lauppe<br>Suffix:<br>Email: arbucklefire@frontiernet.net   |                                     |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>23-7408569  |  | <b>Phone Number (give area code)</b><br>530-476-2231  |                                     |  |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify)              |  | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br>Not for Profit Organization<br>Other (specify)   |                                     |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>10-766  |  | <b>9. NAME OF FEDERAL AGENCY:</b><br>U.S.D.A. Rural Development   |                                     |  |
| <b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.):<br>Fire District including unincorporated rural towns   |  | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>Renovation of existing adjacent structure for fire apparatus bay to house fire engines and deploy equipment for emergency fire and rescue services, located at 209 Fifth Street, Arbuckle on the corner of Lucas Street and Fifth Street. |                                     |  |
| <b>13. PROPOSED PROJECT</b><br>Start Date: 9/26/2005<br>Ending Date: 12/31/2006  |  | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant 2 b. Project 2   |                                     |  |
| <b>15. ESTIMATED FUNDING:</b>  |  | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>   |                                     |  |
| a. Federal   | \$ 60500                                 | a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON   |                                     |  |
| b. Applicant   | \$ 69500                                 | DATE: 4/6/06  |                                     |  |
| c. State   | \$ 20000                                 | b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372   |                                     |  |
| d. Local   | \$ 40000                                 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW   |                                     |  |
| e. Other   | \$                                       | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>   |                                     |  |
| f. Program Income  | \$                                       | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No   |                                     |  |
| g. TOTAL   | \$ 190,000                               |   |                                     |  |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |  |   |                                     |  |
| <b>a. Authorized Representative</b>  |  |   |                                     |  |
| Prefix   | First Name                               | Middle Name   | Last Name                           |  |
|  | Casey                                    | Joel  | Cox                                 |  |
| <b>b. Title</b><br>Fire Chief  |  | <b>c. Telephone Number (give area code)</b><br>530-476-2231   |                                     |  |
| <b>d. Signature of Authorized Representative</b><br>Previous Edition Usable<br>Authorized for Local Reproduction   |  | <b>e. Date Signed</b><br>4/5/06   |                                     |  |

**APPLICATION FOR  
FEDERAL ASSISTANCE**

|  |  |  |  |                              |  |
|--|--|--|--|------------------------------|--|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction |  | <b>2. DATE SUBMITTED</b><br>March 31, 2006 |  | Applicant Identifier         |  |
|  |  | <b>3. DATE RECEIVED BY STATE</b>           |  | State Application Identifier |  |
|  |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  |  | Federal Identifier           |  |

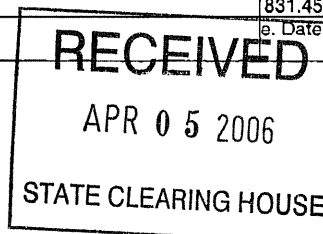
|  |    |                       |  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
|--|----|-----------------------|--|----|---|--|--|--|--|--|--|--|--------------|----|--|--|--|--|--|--|--|--|----------|----|--|--|--|--|--|--|--|--|----------|----|--|--|--|--|--|--|--|--|----------|----|--|--|--|--|--|--|--|--|-------------------|----|--|--|--|--|--|--|--|--|----------|----|--|--|--|--|--|--|--|--|---|--|--|
| <b>5. APPLICANT INFORMATION</b>  |    |                       |  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| Legal Name:<br>The Arc of Butte County, Inc  |    |                       | Organizational Unit:<br>Department:  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| Organizational DUNS:<br>021186499  |    |                       | Division:  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| Address:<br>Street:<br>2030 Park Avenue  |    |                       | Name and telephone number of person to be contacted on matters involving this application (give area code)                       |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| City:<br>Chico   |    |                       | Prefix:<br>Mr.   |    | First Name:<br>Michael                      |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| County:<br>Butte   |    |                       | Middle Name<br>Dean  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| State:<br>California   |    |                       | Last Name<br>McGinnis  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| Zip Code<br>95928  |    |                       | Suffix:  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| Country:<br>USA  |    |                       | Email:<br>michaeldmcginnis@sbcglobal.net   |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">           9 4 - 1 7 4 6 4 6 8         </div>  |    |                       | Phone Number (give area code)<br>530 891-5865  |    | Fax Number (give area code)<br>530 891-5876 |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> Other (specify)   |    |                       | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br><br>Other (specify)<br>Non-Profit Agency                |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br><br><div style="text-align: right; margin-right: 50px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 0 - 7 6 6           </div> </div> TITLE (Name of Program):   |    |                       | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>Adult Day Center<br>Adult Work Activity Center<br>Administrative Offices |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>Butte, Glenn, Tehama Counties  |    |                       |  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| <b>13. PROPOSED PROJECT</b><br>Start Date:<br>4/1/06   |    |                       | Ending Date:<br>4/1/08   |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| <b>15. ESTIMATED FUNDING:</b>  |    |                       | <b>14. CONGRESSIONAL DISTRICTS OF:</b>   |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |    |                       | a. Federal   | \$ |   |  |  |  |  |  |  |  | b. Applicant | \$ |  |  |  |  |  |  |  |  | c. State | \$ |  |  |  |  |  |  |  |  | d. Local | \$ |  |  |  |  |  |  |  |  | e. Other | \$ |  |  |  |  |  |  |  |  | f. Program Income | \$ |  |  |  |  |  |  |  |  | g. TOTAL | \$ |  |  |  |  |  |  |  |  | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br><br>DATE: April 3, 2006<br><br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |  |  |
| a. Federal   | \$ |                       |  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| b. Applicant   | \$ |                       |  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| c. State   | \$ |                       |  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| d. Local   | \$ |                       |  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| e. Other   | \$ |                       |  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| f. Program Income  | \$ |                       |  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| g. TOTAL   | \$ |                       |  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><br><input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No  |    |                       |  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>   |    |                       |  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| <b>a. Authorized Representative</b>  |    |                       |  |    |   |  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| Prefix<br>Mr.  |    | First Name<br>Michael |  |    |   | Middle Name<br>Dean                                  |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| Last Name<br>McGinnis  |    |                       |  |    |   | Suffix   |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| b. Title<br>Executive Director   |    |                       |  |    |   | c. Telephone Number (give area code)<br>530 891-5865 |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |
| d. Signature of Authorized Representative  |    |                       |  |    |   | e. Date Signed<br>March 31, 2006                     |  |  |  |  |  |  |              |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |                   |    |  |  |  |  |  |  |  |  |          |    |  |  |  |  |  |  |  |  |   |  |  |



APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

|  |                     |   |                              |   |
|--|---------------------|---|------------------------------|---|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction  |                     | <b>2. DATE SUBMITTED</b><br>4/3/06  | Applicant Identifier         |   |
| Pre-application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction   |                     | <b>3. DATE RECEIVED BY STATE</b>  | State Application Identifier |   |
|  |                     | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>   | Federal Identifier           |   |
| <b>5. APPLICANT INFORMATION</b>  |                     |   |                              |   |
| Legal Name:<br>The Regents of the University of California   |                     | Organizational Unit:<br>Department:<br>Institute of Marine Sciences   |                              |   |
| Organizational DUNS:<br>12-508-4723  |                     | Division:<br>Physical and Biological Sciences   |                              |   |
| Address:<br>Street:<br>1156 High Street  |                     | Name and telephone number of person to be contacted on matters involving this application (give area code)<br>Prefix:<br>Dr. First Name:<br>David   |                              |   |
| City:<br>Santa Cruz  |                     | Middle Name   |                              |   |
| County:<br>Santa Cruz  |                     | Last Name<br>Casper   |                              |   |
| State:<br>CA   |                     | Suffix:   |                              |   |
| Zip Code<br>95064  |                     | Email:<br>dcasper@ucsc.edu  |                              |   |
| Country:<br>USA  |                     |   |                              |   |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>94-1539563  |                     | Phone Number (give area code)<br>831.459.3135   |                              | Fax Number (give area code)<br>831.459.3383 |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>(If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify) <input type="checkbox"/> <input type="checkbox"/> |                     | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br>Other (specify)<br>I   |                              |   |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>TITLE (Name of Program):<br>Marine Mammal Data Program<br>11-439  |                     | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>Emergency Request for Enhancement of Stranding Response at University of California Santa Cruz Long Marine Lab to Enable Live Cetacean Rehabilitation   |                              |   |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>Central and Northern California  |                     | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant<br>17 b. Project<br>17   |                              |   |
| <b>13. PROPOSED PROJECT</b><br>Start Date:<br>7/1/06 Ending Date:<br>6/30/07   |                     | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE: April 4, 2006<br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |                              |   |
| <b>15. ESTIMATED FUNDING:</b>  |                     | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No  |                              |   |
| a. Federal   | \$ 76,106.00        |   |                              |   |
| b. Applicant   | \$ 25,378.00        |   |                              |   |
| c. State   | \$ 0.00             |   |                              |   |
| d. Local   | \$ 0.00             |   |                              |   |
| e. Other   | \$ 0.00             |   |                              |   |
| f. Program Income  | \$ 0.00             |   |                              |   |
| g. TOTAL   | \$ 101,484.00       |   |                              |   |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>                                       |                     |   |                              |   |
| <b>a. Authorized Representative</b>  |                     |   |                              |   |
| Prefix<br>Ms   | First Name<br>Cindy | Middle Name<br>L  |                              |   |
| Last Name<br>Plasman   |                     | Suffix  |                              |   |
| b. Title<br>Sr. Research Administrator   |                     | c. Telephone Number (give area code)<br>831.459.2520  |                              |   |
| d. Signature of Authorized Representative<br><i>C. Plasman</i>   |                     | e. Date Signed<br>4/3/06  |                              |   |

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Prescribed by OMB Circular A-102

**APPLICATION FOR  
FEDERAL ASSISTANCE**

|   |  |                                       |                              |  |
|---|--|---------------------------------------|------------------------------|--|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction |  | <b>2. DATE SUBMITTED</b>              | cant Identifier              |  |
|   |  | <b>3. DATE RECEIVED BY STATE</b>      | State Application Identifier |  |
| <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>   |  | Federal Identifier<br>B-06-MC-06-0523 |                              |  |

|  |                   |  |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
|--|-------------------|--|---|--------------------------|--------------|--|---------------|----------|----|---------------|--------------------------------|----|-------------------------|----------|--|---------------|-------------------|----|--------------------------|----------|----|---------------------------|--|--|
| <b>5. APPLICANT INFORMATION</b><br>Legal Name:<br>CITY OF LOS ANGELES  |                   | <b>Organizational Unit:</b><br>Department:<br>COMMUNITY DEVELOPMENT DEPARTMENT   |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| Organizational DUNS:<br>69928349   |                   | Division:<br>ADMINISTRATIVE SERVICES AND NEIGHBORHOOD DEV. (ASND)  |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| <b>Address:</b><br>Street:<br>1200 W. 7TH STREET, 4TH FLOOR  |                   | <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b><br>Prefix:      First Name:<br>LAURA   |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| City:<br>LOS ANGELES   |                   | Middle Name  |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| County:<br>LOS ANGELES   |                   | Last Name<br>ITO   |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| State:<br>CA   | Zip Code<br>90017 | Suffix:  |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| Country:<br>UNITED STATES OF AMERICA   |                   | Email:<br>LAURA.ITO@LACITY.ORG   |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>95-6000735  |                   | Phone Number (give area code)<br>(213) 744-7378  | Fax Number (give area code)<br>(213) 744-9038 |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)   |                   | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br>C - MUNICIPAL<br>Other (specify)  |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| Other (specify)  |                   | <b>9. NAME OF FEDERAL AGENCY:</b><br>U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>14-218<br>TITLE (Name of Program): Community Development Block Grant  |                   | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>THE CDBG PROGRAM, TO PROVIDE FUNDS FOR HOUSING, COMMUNITY DEVELOPMENT, AND ECONOMIC DEVELOPMENT PROGRAMS AND PROJECT ACTIVITIES, RETROFIT AND REHABILITATION REVITALIZATION, AND PHYSICAL IMPROVEMENTS TO INFRASTRUCTURE IN AREAS OF THE CITY THAT ARE PRIMARILY LOW- AND MODERATE- INCOME.  |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>CITYWIDE - CITY OF LOS ANGELES   |                   | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant<br>24-27, 28-33, 34-37, 38, 46      b. Project<br>24-27, 28-33, 34-37, 38, 46   |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| <b>13. PROPOSED PROJECT</b><br>Start Date:<br>04-01-2006      Ending Date:<br>03-31-2007   |                   | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE:<br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| <b>15. ESTIMATED FUNDING:</b>  |                   | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No   |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>74,453,491<sup>00</sup></td> </tr> <tr> <td>b. Applicant</td> <td></td> <td><sup>00</sup></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td><sup>00</sup></td> </tr> <tr> <td>d. Local<br/>  Prog/Admin Savings</td> <td>\$</td> <td>8,964,446<sup>00</sup></td> </tr> <tr> <td>e. Other</td> <td></td> <td><sup>00</sup></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>24,270,861<sup>00</sup></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>107,688,798<sup>00</sup></td> </tr> </table> |                   | a. Federal   | \$  | 74,453,491 <sup>00</sup> | b. Applicant |  | <sup>00</sup> | c. State | \$ | <sup>00</sup> | d. Local<br>Prog/Admin Savings | \$ | 8,964,446 <sup>00</sup> | e. Other |  | <sup>00</sup> | f. Program Income | \$ | 24,270,861 <sup>00</sup> | g. TOTAL | \$ | 107,688,798 <sup>00</sup> | <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |  |
| a. Federal   | \$                | 74,453,491 <sup>00</sup>   |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| b. Applicant   |                   | <sup>00</sup>  |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| c. State   | \$                | <sup>00</sup>  |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| d. Local<br>Prog/Admin Savings   | \$                | 8,964,446 <sup>00</sup>  |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| e. Other   |                   | <sup>00</sup>  |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| f. Program Income  | \$                | 24,270,861 <sup>00</sup>   |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| g. TOTAL   | \$                | 107,688,798 <sup>00</sup>  |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| <b>a. Authorized Representative</b><br>Prefix:      First Name: CLIFFORD      Middle Name: W.  |                   | Suffix:  |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| Last Name:<br>GRAVES   |                   | c. Telephone Number (give area code)<br>213-744-7300   |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| b. Title:<br>GENERAL MANAGER   |                   | e. Date Signed:  |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |
| d. Signature of Authorized Representative:   |                   | ROCKARD J. DELGADILLO, City Attorney   |   |                          |              |  |               |          |    |               |                                |    |                         |          |  |               |                   |    |                          |          |    |                           |  |  |

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

|  |  |  |  |                                       |   |
|--|--|--|--|---------------------------------------|---|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction  |  | <b>2. DATE SUBMITTED</b>                               |  | <b>Applicant Identifier</b>           |   |
| Pre-application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction   |  | <b>3. DATE RECEIVED BY STATE</b>                       |  | State Application Identifier          |   |
| <b>5. APPLICANT INFORMATION</b>  |  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>              |  | Federal Identifier<br>S-06-MC-06-0523 |   |
| Legal Name:<br>City of Los Angeles, California   |  |  | <b>Organizational Unit:</b><br>Department:<br>Los Angeles Housing Department   |                                       |   |
| Organizational DUNS:<br>69928349   |  |  | Division:  |                                       |   |
| <b>Address:</b><br>Street:<br>1200 W. Seventh Street, Fourth Floor   |  |  | <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>  |                                       |   |
| City:<br>Los Angeles   |  |  | Prefix:  |                                       | First Name:<br>Shahry                         |
| County:<br>Los Angeles   |  |  | Middle Name  |                                       |   |
| State:<br>California   |  |  | Last Name<br>Deyhimy   |                                       |   |
| Zip Code<br>90017  |  |  | Suffix:  |                                       |   |
| Country:<br>United States  |  |  | Email:<br>sdeyhmy@lahd.lacity.org  |                                       |   |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>95-6000735  |  |  | Phone Number (give area code)<br>(213) 808-8931  |                                       | Fax Number (give area code)<br>(213) 808-8968 |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify)              |  |  | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br>C - Municipal<br>Other (specify)  |                                       |   |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>TITLE (Name of Program):<br>Emergency Shelter Grant Program (ESGP)<br>14-231  |  |  | <b>9. NAME OF FEDERAL AGENCY:</b><br>U.S. Department of Housing and Urban Development  |                                       |   |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>Citywide - City of Los Angeles   |  |  | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>The Emergency Shelter Grant Program (ESGP) provides comprehensive housing, counseling, referral, and supportive services, including emergency and transitional housing to the homeless and those at risk of becoming homeless, including individuals and families. |                                       |   |
| <b>13. PROPOSED PROJECT</b><br>Start Date:<br>04/01/2006<br>Ending Date:<br>03/31/2007   |  |  | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant<br>24-27, 28-33, 34-37, 38, 46<br>b. Project<br>24-27, 28-33, 34-37, 38, 46   |                                       |   |
| <b>15. ESTIMATED FUNDING:</b>  |  |  | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  |                                       |   |
| a. Federal \$ 3,159,024.00   |  |  | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  |                                       |   |
| b. Applicant \$ .00  |  |  | DATE:  |                                       |   |
| c. State \$ .00  |  |  | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372  |                                       |   |
| d. Local \$ .00  |  |  | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  |                                       |   |
| e. Other \$ .00  |  |  | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>  |                                       |   |
| f. Program Income \$ .00   |  |  | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No  |                                       |   |
| g. TOTAL \$ 3,159,024.00   |  |  |  |                                       |   |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |  |  |  |                                       |   |
| <b>a. Authorized Representative</b>  |  | Prefix   |  | First Name<br>Mercedes                |   |
| Last Name<br>Marquez   |  | Middle Name  |  | Suffix                                |   |
| b. Title<br>General Manager  |  | c. Telephone Number (give area code)<br>(213) 808-8808 |  | e. Date Signed<br>03/09/06            |   |
| d. Signature of Authorized Representative  |  |  |  |                                       |   |

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Approved as to Form and Legality

Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

March 7, 2006  
ROCKARD J. DELGADILLO, City Attorney  
By Teresa Lopez

APPLICATION FOR  
FEDERAL ASSISTANCE

|   |  |  |                              |  |
|---|--|--|------------------------------|--|
| 1. TYPE OF SUBMISSION:<br>Application   |  | 2. DATE SUBMITTED<br>3/16/06   | Applicant Identifier         |  |
| <input type="checkbox"/> Construction   |  | 3. DATE RECEIVED BY STATE  | State Application Identifier |  |
| <input type="checkbox"/> Non-Construction   |  | 4. DATE RECEIVED BY FEDERAL AGENCY   | Federal Identifier           |  |
| 5. APPLICANT INFORMATION  |  |  |                              |  |
| Legal Name:<br>The Regents of the University of California  |  | Organizational Unit:<br>Department:<br>University of California Cooperative Extension  |                              |  |
| Organizational DUNS:<br>60-459-1925   |  | Division:<br>Division of Agriculture and Natural Resources   |                              |  |
| Address:<br>Street:<br>1111 Franklin Street, 6th Floor  |  | Name and telephone number of person to be contacted on matters involving this application (give area code)<br>Prefix: First Name: Carol  |                              |  |
| City:<br>Oakland  |  | Middle Name  |                              |  |
| County:<br>Alameda  |  | Last Name<br>Berman  |                              |  |
| State:<br>CA  |  | Suffix:  |                              |  |
| Zip Code<br>94607-5200  |  | Email:<br>Carol.Berman@ucop.edu  |                              |  |
| Country:<br>USA   |  | Phone Number (give area code)<br>510-987-0050  |                              |  |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>94-6036494  |  | Fax Number (give area code)<br>510-587-6491  |                              |  |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify)              |  | 7. TYPE OF APPLICANT: (See back of form for Application Types)<br>1<br>Other (specify)   |                              |  |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br>10-769  |  | 9. NAME OF FEDERAL AGENCY:<br>USDA Rural Development   |                              |  |
| TITLE (Name of Program):  |  | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>Developing a Viable plan for the Placerville Fruit Growers Association Cooperative  |                              |  |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br>Placerville, CA  |  | 14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant b. Project 4   |                              |  |
| 13. PROPOSED PROJECT<br>Start Date: 04/01/06 Ending Date: 03/31/07  |  | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?<br>a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE:<br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |                              |  |
| 15. ESTIMATED FUNDING:  |  | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?<br><input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No  |                              |  |
| a. Federal \$ 79,972.00   |  |  |                              |  |
| b. Applicant \$ 10,794.00   |  |  |                              |  |
| c. State \$ .00   |  |  |                              |  |
| d. Local \$ .00   |  |  |                              |  |
| e. Other \$ .00   |  |  |                              |  |
| f. Program Income \$ .00  |  |  |                              |  |
| g. TOTAL \$ 90,766.00   |  |  |                              |  |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. |  |  |                              |  |
| a. Authorized Representative<br>Prefix First Name Carol Middle Name Suffix  |  | c. Telephone Number (give area code)<br>510-987-0050   |                              |  |
| b. Title<br>Director, Contracts & Grants  |  | e. Date Signed<br>3/15/06  |                              |  |
| d. Signature of Authorized Representative   |  |  |                              |  |

RECEIVED

APR 03 2006

STATE CLEARING HOUSE

RECEIVED  
STATE CLEARING HOUSE

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

|   |                             |  |   |  |  |
|---|-----------------------------|--|---|--|--|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction<br>Preapplication<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |                             | <b>2. DATE SUBMITTED</b>   |   | Applicant Identifier                       |  |
|   |                             | <b>3. DATE RECEIVED BY STATE</b>   |   | State Application Identifier               |  |
|   |                             | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  |   | Federal Identifier                         |  |
| <b>5. APPLICANT INFORMATION</b>   |                             |  |   |  |  |
| Legal Name:<br><b>Cutler-Orosi Joint Unified School District</b>  |                             |  | Organizational Unit:<br><b>School District</b>  |  |  |
| Address (give city, county, State, and zip code):<br><b>12623 Avenue 416 Tulare County</b><br><b>Orosi, California 93647</b>  |                             |  | Name and telephone number of person to be contacted on matters involving this application (give area code)<br><b>Carolyn W. Kehrl 559-528-6949</b>  |  |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">             77-0565326           </div>  |                             |  | <b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             A. State<br/>             B. County<br/>             C. Municipal<br/>             D. Township<br/>             E. Interstate<br/>             F. Intermunicipal<br/>             G. Special District           </div> <div style="width: 45%;">             H. Independent School Dist.<br/>             I. State Controlled Institution of Higher Learning<br/>             J. Private University<br/>             K. Indian Tribe<br/>             L. Individual<br/>             M. Profit Organization<br/>             N. Other (Specify) _____           </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> H           </div> |  |  |
| <b>8. TYPE OF APPLICATION:</b><br><div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New             <input type="checkbox"/> Continuation             <input type="checkbox"/> Revision           </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px 10px;"> </span> <span style="border: 1px solid black; padding: 2px 10px;"> </span><br>A. Increase Award    B. Decrease Award    C. Increase Duration<br>D. Decrease Duration    Other(specify): _____ |                             |  | <b>9. NAME OF FEDERAL AGENCY:</b><br><b>USDA</b>  |  |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">             10-766           </div><br>TITLE: <b>Community Facilities Grant</b>  |                             |  | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br><b>Childcare Facility</b>   |  |  |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br><b>Orosi, Cutler, Yettem, Badger, California</b>  |                             |  |   |  |  |
| <b>13. PROPOSED PROJECT</b>   |                             | <b>14. CONGRESSIONAL DISTRICTS OF:</b>   |   |  |  |
| Start Date<br><b>04/06</b>  | Ending Date<br><b>06/07</b> | a. Applicant<br><b>20, 21</b>  |   | b. Project<br><b>20, 21</b>                |  |
| <b>15. ESTIMATED FUNDING:</b>   |                             | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  |   |  |  |
| a. Federal \$ <b>50,000</b> <sup>00</sup>   |                             | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br>DATE <b>03-10-06</b>   |   |  |  |
| b. Applicant \$ <sup>00</sup>   |                             | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW   |   |  |  |
| c. State \$ <sup>00</sup>   |                             | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No  |   |  |  |
| d. Local \$ <b>193,600</b> <sup>00</sup>  |                             | <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |   |  |  |
| e. Other \$ <sup>00</sup>   |                             |  |   |  |  |
| f. Program Income \$ <sup>00</sup>  |                             |  |   |  |  |
| g. TOTAL \$ <b>243,600</b> <sup>00</sup>  |                             | <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |   |  |  |
| a. Type Name of Authorized Representative<br><b>Frank N. Murphy</b>   |                             | b. Title<br><b>Superintendent</b>  |   | c. Telephone Number<br><b>559-528-4763</b> |  |
| d. Signature of Authorized Representative<br>   |                             | e. Date Signed<br><b>March 8, 2006</b>   |   |  |  |

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Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

|   |               |   |                              |   |
|---|---------------|---|------------------------------|---|
| 1. TYPE OF SUBMISSION:<br>Application   |               | 2. DATE SUBMITTED<br>March 30, 2006   | Applicant Identifier         |   |
| <input type="checkbox"/> Construction   |               | 3. DATE RECEIVED BY STATE   | State Application Identifier |   |
| <input checked="" type="checkbox"/> Non-Construction  |               | 4. DATE RECEIVED BY FEDERAL AGENCY  | Federal Identifier           |   |
| 5. APPLICANT INFORMATION  |               |   |                              |   |
| Legal Name:<br>Pinocheville Band of Pomo Indians  |               | Organizational Unit:<br>Department:<br>Environmental Protection   |                              |   |
| Organizational DUNS:<br>883847626   |               | Division:   |                              |   |
| Address:<br>Street:<br>367 North State St., Suite 204   |               | Name and telephone number of person to be contacted on matters involving this application (give area code)  |                              |   |
| City:<br>Ukiah  |               | Prefix: First Name:<br>Lehora   |                              |   |
| County:<br>Mendocino  |               | Middle Name   |                              |   |
| State:<br>CA  |               | Last Name<br>Steele   |                              |   |
| Country:<br>U.S.A.  |               | Suffix:   |                              |   |
| Zip Code<br>95482   |               | Email:<br>lehoras@pinocheville-nsn.us   |                              |   |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br>[6][8]-[0][0][4][3][2][9][6]  |               | Phone Number (give area code)<br>707-463-1454   |                              | Fax Number (give area code)<br>707-463-6601 |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify) <input type="checkbox"/> |               | 7. TYPE OF APPLICANT: (See back of form for Application Types)<br>K<br>Other (specify)  |                              |   |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br>[6][6]-[8][0][8]<br>TITLE (Name of Program):  |               | 9. NAME OF FEDERAL AGENCY:<br>Environmental Protection Agency   |                              |   |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br>Mendocino County, State of California  |               | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br>Developing Alternative Solid Waste Disposal Strategies for the Pinocheville Band of Pomo Indians   |                              |   |
| 13. PROPOSED PROJECT<br>Start Date:<br>October 1, 2006<br>Ending Date:<br>September 30, 2007  |               | 14. CONGRESSIONAL DISTRICTS OF:<br>a. Applicant<br>District 1 of California<br>b. Project<br>District 1 of California   |                              |   |
| 15. ESTIMATED FUNDING:  |               | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  |                              |   |
| a. Federal  | \$ 97,093.00  | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE: March 30, 2006   |                              |   |
| b. Applicant  | \$ 12,366.00  | b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372   |                              |   |
| c. State  | \$ .00        | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW   |                              |   |
| d. Local  | \$ .00        | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  |                              |   |
| e. Other  | \$ .00        | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No   |                              |   |
| f. Program Income   | \$ .00        | 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. |                              |   |
| g. TOTAL  | \$ 109,459.00 | a. Authorized Representative  |                              |   |
| Prefix  |               | First Name<br>Lehora  |                              | Middle Name                                 |
| Last Name<br>Williams   |               | Suffix  |                              |   |
| b. Title<br>Chairperson   |               | c. Telephone Number (give area code)<br>707-463-1454  |                              |   |
| d. Signature of Authorized Representative<br><i>Lehora Williams</i>   |               | e. Date Signed<br>3/29/06   |                              |   |

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**APPLICATION FOR  
FEDERAL ASSISTANCE**

|  |  |   |                             |  |
|--|--|---|-----------------------------|--|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction   |  | <b>2. DATE SUBMITTED</b><br>March 31, 2006  | <b>Applicant Identifier</b> |  |
| <b>3. DATE RECEIVED BY STATE</b>   |  | <b>State Application Identifier</b>   |                             |  |
| <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  |  | <b>Federal Identifier</b>   |                             |  |
| <b>5. APPLICANT INFORMATION</b><br>Legal Name:<br>The Arc of Butte County, Inc.<br>Organizational DUNS:<br>021186499<br>Address:<br>Street:<br>2030 Park Avenue<br>City:<br>Chico<br>County:<br>Butte<br>State:<br>California<br>Zip Code:<br>95928<br>Country:<br>USA                     |  | <b>Organizational Unit:</b><br>Department:<br>Division:<br>Name and telephone number of person to be contacted on matters involving this application (give area code)<br>Prefix: Mr. First Name: Michael<br>Middle Name: Dean<br>Last Name: McGinnis<br>Suffix:<br>Email: michaelmcginnis@sbcglobal.net<br>Phone Number (give area code): 530 891-5865<br>Fax Number (give area code): 530 891-5878                             |                             |  |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>94-1746488  |  | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br>Other (specify)<br>Non-Profit Agency   |                             |  |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify)              |  | <b>9. NAME OF FEDERAL AGENCY:</b><br>USDA, Rural Development  |                             |  |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>TITLE (Name of Program): 10-768   |  | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>Adult Day Center<br>Adult Work Activity Center<br>Administrative Offices  |                             |  |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>Butte, Glenn, Tehama Counties  |  | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant District Two<br>b. Project District Two  |                             |  |
| <b>13. PROPOSED PROJECT</b><br>Start Date: 4/1/06<br>Ending Date: 4/1/08   |  | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b><br>a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE: April 3, 2006<br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW |                             |  |
| <b>15. ESTIMATED FUNDING:</b>  |  | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b><br><input type="checkbox"/> Yes if "Yes" attach an explanation. <input type="checkbox"/> No   |                             |  |
| a. Federal \$ 1,600,000.00   |  |   |                             |  |
| b. Applicant \$ .00  |  |   |                             |  |
| c. State \$ .00  |  |   |                             |  |
| d. Local \$ .00  |  |   |                             |  |
| e. Other \$ .00  |  |   |                             |  |
| f. Program Income \$ .00   |  |   |                             |  |
| g. TOTAL \$ 1,600,000.00   |  |   |                             |  |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |  |   |                             |  |
| <b>a. Authorized Representative</b>  |  |   |                             |  |
| Prefix: Mr.  |  | First Name: Michael   |                             | Middle Name: Dean                                  |
| Last Name: McGinnis  |  |   |                             | Suffix:  |
| b. Title: Executive Director   |  |   |                             | c. Telephone Number (give area code): 530 891-5865 |
| d. Signature of Authorized Representative: <i>Michael McGinnis</i>   |  |   |                             | e. Date Signed: March 31, 2006                     |

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03 (DFGs - 10/2005)

|   |                                      |   |   |
|---|--------------------------------------|---|---|
| 1. TYPE OF SUBMISSION:<br><input type="checkbox"/> Application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction<br><br><input type="checkbox"/> Pre-application<br><input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction |                                      | 2. DATE SUBMITTED<br><b>March 29, 2006</b><br>3. DATE RECEIVED BY STATE<br><br>4. DATE RECEIVED BY FEDERAL AGENCY<br><br>Applicant Identifier<br>State Application Identifier<br>Federal Identifier<br><b>F-50-R Amendment #20</b>  |   |
| 5. APPLICANT INFORMATION  |                                      |   |   |
| Legal Name:   |                                      | Organizational Unit:  |   |
| <b>State of California</b>  |                                      | <b>Fish and Game</b>  |   |
| Organizational DUNS:  | <b>808322358</b>                     | Division:   | <b>Grant Management &amp; Fed. Assistance</b> |
| Address:  |                                      | Name and telephone number of the person to be contacted on matters involving this application (give area code)  |   |
| Street:   | <b>1812 Ninth Street</b>             | Prefix:   | First Name: <b>Carolyn</b>                    |
| City:   | <b>Sacramento</b>                    | Middle Name:  |   |
| County:   | <b>Sacramento</b>                    | Last Name:  | <b>Murata</b>                                 |
| State:  | <b>CA</b>                            | Suffix:   |   |
| Country:  | <b>US</b>                            | E-mail:   | <b>cmurata@dfg.ca.gov</b>                     |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):  |                                      | Phone Number (give area code)   | FAX Number (give area code)                   |
| <b>94-1697567</b>   |                                      | <b>(916) 445-3559</b>   | <b>(916) 445-4044</b>                         |
| 8. TYPE OF APPLICATION:   |                                      | 7. TYPE OF APPLICANT: (See back of form for Application Types)  |   |
| <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Continuation<br><input checked="" type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es):<br>(See back of form for description of letters.)<br>Other (specify)   |                                      | A. State<br>Other (specify)   |   |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br><b>15 - 605</b><br>TITLE (Name of Program): <b>STATE CLIPPING HOUSE Sport Fish Restoration Act</b>  |                                      | 9. NAME OF FEDERAL AGENCY:<br><b>U.S. Department of Interior, Fish and Wildlife Service</b><br>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br><b>Amendment #20 to increase funds to Project 3, Job 1: Ocean Resources Enhancement and Hatchery Program - to supplement the program. Revised Project Statement attached.</b> |   |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):   |                                      | 14. CONGRESSIONAL DISTRICTS OF:   |   |
| <b>Statewide</b>  |                                      | a. Applicant<br><b>3</b><br>b. Project<br><b>99 Statewide</b>   |   |
| 13. PROPOSED PROJECT:   |                                      | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  |   |
| Start Date:   | Ending Date:                         | a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE: <b>March 30, 2006</b><br>b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW           |   |
| <b>7/1/2004</b>   | <b>6/30/2007</b>                     |   |   |
| 15. ESTIMATED FUNDING:  |                                      | 17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?  |   |
| a. Federal  | \$ <b>7,959,375.00</b>               | <input type="checkbox"/> Yes. If "Yes" attach an explanation. <input type="checkbox"/> No   |   |
| b. Applicant  | \$                                   |   |   |
| c. State  | \$ <b>2,653,125.00</b>               |   |   |
| d. Local  | \$                                   |   |   |
| e. Other  | \$                                   |   |   |
| f. Program Income   | \$                                   |   |   |
| g. TOTAL  | \$ <b>\$10,612,500.00</b>            |   |   |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.                   |                                      |   |   |
| a. Authorized Representative  |                                      |   |   |
| Prefix  | First Name                           | Middle Name   |   |
|   | <b>Felix</b>                         |   |   |
| Last Name   | Suffix                               |   |   |
| <b>Artega</b>   |                                      |   |   |
| b. Title  | c. Telephone Number (give area code) |   |   |
| <b>Chief, Grant Management &amp; Federal Assistance Unit</b>  | <b>(916) 327-0062</b>                |   |   |
| d. Signature of Authorized Representative   | e. Date Signed                       |   |   |
| <i>[Signature]</i>  | <b>3-30-06</b>                       |   |   |